

MISSOURI DIVISION
OF FIRE SAFETY
573-751-2930



RANDY L. COLE
STATE FIRE MARSHAL

FIRE DEPARTMENT NOTIFICATION

The purpose of this form is to speed the licensing process and to notify local fire departments of your facility in their service area

TO BE COMPLETED BY PROVIDER

NAME OF FACILITY / PROVIDER _____

ADDRESS _____

PHONE NUMBER _____ CAPACITY REQUESTED _____

ADMINISTRATOR _____

PROJECTED DATE OF OPENING _____

Please have the Fire Department or Fire District that serves the facility complete the information in the box below.

TO BE COMPLETED BY LOCAL FIRE DEPARTMENT

This is not a request for an inspection. This is only to inform you of the operation of this facility within your district.

DEPARTMENT NAME _____

ADDRESS _____

SIGNATURE OF FIRE OFFICIAL _____

DATE _____ PHONE NUMBER _____

This form is required for licensing and must be completed and on file at the facility before the Fire Inspector arrives to inspect the facility.